

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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UTILITY PATENT APPLICATION TRANSMITTAL <i>Only for new nonprovisional applications under 37 C.F.R. 1.53(b)</i>	Attorney Docket No.	3518.1024-000
	First Named Inventor or Application Identifier	Thomas M. DiMauro
	Express Mail Label No.	EV 052029455 US

Title of Invention	Local Intraosseous Administration of Bone Forming Agents and Anti-Resorptive Agents, and Devices Therefor
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification Total Pages [75] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 13 <input type="checkbox"/> Fig. of the Drawings for Publication <input type="checkbox"/> <input checked="" type="checkbox"/> No Figure to be Published 4. <input type="checkbox"/> Oath or Declaration Total Pages [] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form b. <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> Pages c. <input type="checkbox"/> Statements verifying identity of above copies <table border="1"> <tr> <th colspan="2">ACCOMPANYING APPLICATION PARTS</th></tr> <tr> <td>7. <input type="checkbox"/> Assignment Papers (cover sheet & documents)</td><td></td></tr> <tr> <td><input checked="" type="checkbox"/> Assignee - DePuy Spine, Inc. Raynham, MA</td><td></td></tr> <tr> <td>8. <input type="checkbox"/> Power of Attorney</td><td><input type="checkbox"/> 37 C.F.R. 3.73(b) Statement</td></tr> <tr> <td>9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></td><td></td></tr> <tr> <td>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</td><td><input type="checkbox"/> Copies of IDS Citations</td></tr> <tr> <td>11. <input type="checkbox"/> Preliminary Amendment</td><td></td></tr> <tr> <td>12. <input checked="" type="checkbox"/> Return Receipt Postcard</td><td></td></tr> <tr> <td>13. <input type="checkbox"/> Small Entity Statement(s)</td><td></td></tr> <tr> <td>14a. <input type="checkbox"/> Foreign Priority Claim under 35 U.S.C. §119 or 365</td><td></td></tr> <tr> <td>14b. <input type="checkbox"/> Certified Copy of Priority Document(s)</td><td></td></tr> <tr> <td>15. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i></td><td></td></tr> <tr> <td>16. <input type="checkbox"/> Other</td><td></td></tr> </table>	ACCOMPANYING APPLICATION PARTS		7. <input type="checkbox"/> Assignment Papers (cover sheet & documents)		<input checked="" type="checkbox"/> Assignee - DePuy Spine, Inc. Raynham, MA		8. <input type="checkbox"/> Power of Attorney	<input type="checkbox"/> 37 C.F.R. 3.73(b) Statement	9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>		10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations	11. <input type="checkbox"/> Preliminary Amendment		12. <input checked="" type="checkbox"/> Return Receipt Postcard		13. <input type="checkbox"/> Small Entity Statement(s)		14a. <input type="checkbox"/> Foreign Priority Claim under 35 U.S.C. §119 or 365		14b. <input type="checkbox"/> Certified Copy of Priority Document(s)		15. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i>		16. <input type="checkbox"/> Other	
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17. If a CONTINUING APPLICATION , check appropriate box; supply the requisite information. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner: Group Art Unit: The entire disclosure of the prior application is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference. <i>(Add standard Related Applications section with incorporation by reference to specification or update same)</i>
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Signature	<i>Deirdre E. Sanders</i>	Date	<i>November 26, 2003</i>
Submitted by Typed or Printed Name	Deirdre E. Sanders	Reg. Number	42,122